

HOSTED BY

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Chinese Nursing Research

journal homepage: <http://www.journals.elsevier.com/chinese-nursing-research>

Original article

Study of the effect of humanistic nursing care model wards in Children Caring Ward School on the nurses' caring ability[☆]Jiao He^a, De-Ying Hu^{b,*}, Yi-Lan Liu^b, Li-Fen Wu^a, Lian Liu^a^a Department of Pediatrics, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430022, China^b Department of Nursing, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430022, China

ARTICLE INFO

Article history:

Received 28 February 2015

Received in revised form

3 March 2015

Accepted 22 December 2015

Available online 6 May 2016

Keywords:

Humanistic care

Children Caring Ward School (CCWS)

Caring ability

Nurse

Hematologic disease

Training

Practice

ABSTRACT

Objective: To understand the effect of humanistic nursing care model wards in Children Caring Ward School (CCWS) on the nurses' caring ability.**Methods:** Questionnaire 25 nurses of humanistic nursing care model wards in CCWS using the Nkongho Caring Ability Inventory (CAI) before and after implement the humanistic nursing care model, including reform the systems of nursing care, introduce humanistic care model, implement the humanistic care, to measure the nurses' caring ability.**Results:** The nurses' caring ability had significantly developed on total, cognition dimension, courage dimension and patience dimension after all measures considered ($p < 0.05$).**Conclusions:** The humanistic nursing care model wards in CCWS has a positive effect on the nurses' caring ability, not only to help build great relationships between nurses and patients but also to enhance the patients' satisfaction.© 2016 Shanxi Medical Periodical Press. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

In the high-quality care demonstration project, the Ministry of Health of the People's Republic of China presented clearly that humanistic care must be incorporated into nursing care.¹ The nursing care department in our hospital successfully became the key faculty of the project in 2011. Our “establishment and implementation of the humanistic nursing care model” was the key faculty project for the nursing care of the Ministry of Health of the People's Republic of China. The Children Caring Ward School (CCWS) was officially established in the pediatric department of Wuhan Union Hospital. This was the first humanistic nursing care school in the hospital wards, which was honored to become the first “high-quality nursing service demonstration ward” in March 2011. Using this particular platform, our department has taken a series of measures to identify the humanistic nursing care model to raise the nurses' caring ability and enhance the satisfaction of the patients.

2. Materials and methods

2.1. Settings

Our department is currently the largest pediatric blood disease treatment center in Central–South China, which receives fifty new patients and hospitalizes an average of 55 children's cases daily. We mainly treat children with hematologic diseases, 85% of them have acute lymphoblastic leukemia, and more than 300 of children with leukemia are treated annually. There are 25 female nurses with an average age of 30.8 years in the ward, including 19 undergraduates and 6 junior college students. The job titles are as follows: 5 nurses-in-charge, 11 senior nurses, and 9 nurses. All of these nurses have worked in this ward for more than 3 years.

2.2. Methods

2.2.1. Research phase

2.2.1.1. Literature retrieval: retrieval of papers on nursing care services. Domestic and overseas papers were retrieved via the Internet to learn the caring method and practical experience.

[☆] This article was supported by the Fundamental Research Funds for the Central Universities, Huazhong University of Science and Technology (No. 2014LC028).

* Corresponding author.

E-mail address: 476216334@qq.com (J. He).

Peer review under responsibility of Shanxi Medical Periodical Press.

2.2.1.2. Survey and interview. Interviews and questionnaires about the nursing method, consciousness and the actual service level of nursing care. We learned about the children in our department and their parents' requirements, as well as the nursing care satisfaction.

2.2.1.3. Broadly support. Through weekly meetings with hospital staff and public relations department of the hospital, we obtained great support from the relevant departments and aroused the attention of the hospital director and the hospital leader group.

2.2.1.4. Overseas study tours. As the department head nurse, I went to the Atlantic International University and the affiliated hospital to study the theory and the practice of humanistic nursing care.

2.2.2. Preparatory stage

2.2.2.1. Nurse training. We used the book, *Nursing Care: Watson caring theory's application in nursing* as the primary textbook for the training course. We trained nurses once a week, working with the students to learn to be caring nurses in accordance with caring theory, culture psychology, communication ability and caring bedside manner.

2.2.2.2. Humanistic nursing care atmosphere. (1) We created a warm and fragrant environment for children who live in the hospital using bright colors to paint the walls and showing many cute cartoon figures, to make them feel comfortable and to help them become less anxious. (2) We also established an activity room in our department, which was not only a place for children to play and be active but also served as a place for children to demonstrate their artistic talent through painting and paper cut-outs. (3) We placed humanistic care display cards in the activity room to provide an opportunity for the children and nurses to communicate with each other. (4) There was a circulation desk in the activity room in order for children and their parents to borrow books to enrich their hospital experience. (5) The volunteer placed the greeting cards on the walls, which made the children feel the care of the entire community.

2.2.3. Implementation phase

2.2.3.1. Change the scheduling mode, improve the way of division of labor. By changing the functional nursing to the primary nursing, primary nurse provide continuous nursing service for the regular children, which obviously strengthen nurses' responsibility and facilitate nurse–patient relationship.

2.2.3.2. Developing hospital charge and discharge service process of pediatric hematology ward. Our nursing services are always penetrated with humanistic nursing care from charge and discharge, and pay more attention to the details of management. Through all the nurses' decision and action, the process had been simplified and practical. During the process, many problems had been solved, and inspired the motivation of nurses.

2.2.3.3. Developing and implementing the children's care needs assessment and care measures and posting for convenience. Assessment mainly includes children's basic information, preferences and birthday wishes, most want to learn, the information what the families hope to get, the helps and the health education. From the admission metaphase of hospitalization to discharge, we take the corresponding measures to care as much as possible in order to feed their needs at the different stage. That unit has set a series of convenient measures: convenience box, accompanied by volunteers, posttest single and booked beds to feed the specific needs of children and their families.

2.2.3.4. Establishing responsibilities of the humanistic nursing care model. The patients were respected and nurses built a caring relationship with all of the patients and their families. We evaluated the patients' caring demands by communicating, changing minds, observing their actions every day to provide the corresponding service, and the primary nurse talked to patients every day for at least 5 min when different primary nurse shifts changed, which made them feel cared for by everyone all the time. When nurses provided nursing services, the nurses were trained to keep the patients in mind, and they were trained to care for them as well as every aspect of their lives, not only about the treatments and procedures.

2.2.3.5. Training plan for the humanistic nursing care model. Nurses were encouraged to learn about caring theory and to make progress in their implementation of it through research on the Internet and through books and periodicals.

2.2.3.6. Establishing health brochures and organizing the parents to participate in health lectures at regular intervals. Health education manual including children's PICC maintenance, the methods to prevent infection, dietary guidance, discharge propaganda and so on, we organize health forum monthly what the hospitalized parents focus in, specifically to explain and answer questions.

2.2.3.7. Convening the meeting and exchange of humanistic nursing care to share touching stories and nursing experiences monthly. Monthly we have a meeting, in which one nurse shares the most touching story that happened between the nurse and patients as a speaker, the others listen, discuss, and talk about their opinions. Good care initiatives can be extended by sharing; the nurses' caring ability would be improve by reviewing, this kind of activity can improve nurses together and let them learn from each other.

2.2.3.8. We held a humanistic nursing care ward round once a month for a detailed review of humanistic nursing care. Putting the humane care into every details of nursing rounds, we formulate and implement the nurses' caring language etiquette, including communication before the rounds, the interactive language, the teamwork language, the health education language and conclusion. We also formulate the work etiquette, including staff's sorting and arrangement, rounds procedures, nursing check-up etiquette and nursing evaluation etiquette.

2.2.3.9. Develop special nursing care in CCWS. (1) Generating an assessment form of the children learning demands: understand their learning and playing demands. (2) With these learning demands, the volunteers come to the ward to teach lessons and to play with the children to make them integrate into society and to increase their confidence. (3) We established sub-contest areas of the Chu Cai Essay contest, and we organized the children to participate in this event every year. Thus, the children were able to participate in the contest from their beds if they wanted, and the contest enabled them to regain their confidence and their parents were satisfied and happy. (4) Various activities were held at festivals, such as the Lantern Festival and Children's Day. Both volunteers and medical workers participate in making the children feel the care from the community. We also held a birthday party for every child and sent them birthday gifts. (5) We set up waiting-room benches in our department for the convenience of the waiting patients. The nutrition center in the hospital provided meal delivery service according to the children's nutritional requirement. (6) We also applied for funding to provide financial support for the children. Through this effort, the CCWS has already raised one million yuan.

2.3. Assessment methods

A questionnaire was used to raise the caring ability of the nurses and to issue an anonymous questionnaire among the nurses. Part A of the questionnaire consists of nurses' demographic information, including sex, age, education background and working years; part B consists of the Caring Ability Inventory (CAI, designed by Nkongho), including 37 items which divided into 3 dimensions: cognitive dimension (the degree of understanding of themselves and other people and the surrounding environment, 14 items), courage dimension (the ability of active concern for others and handling of the unknown, 13 items), and patient dimension (patience and resilience, 10 items).

2.4. Data analysis

The Statistical Package for the Social Sciences (SPSS) 17.0 (SPSS Inc., Chicago, IL, USA) was used for all statistical data analysis.

3. Results

The scores of nurses' caring ability were compared before and after the implementation of the humanistic nursing care model (Table 1).

Table 1

The scores of nurses' caring ability before and after implementation of the humanistic nursing care model ($n = 25$).

| Item | Before | After | <i>t</i> | <i>P</i> |
|---------------------|----------------|----------------|----------|----------|
| cognitive dimension | 61.68 ± 7.18 | 66.60 ± 6.10 | −2.60 | 0.02 |
| courage dimension | 68.72 ± 5.99 | 73.00 ± 6.55 | −2.80 | 0.01 |
| patience dimension | 48.12 ± 4.90 | 53.76 ± 4.23 | −3.80 | 0.00 |
| total score | 178.52 ± 12.51 | 193.36 ± 11.55 | −4.37 | 0.00 |

4. Discussion

Caring is the key concept and central task of nursing.² Liu³ considered that humanistic care is the core of nursing, and the important indications of high-quality care make the patient feel the healthcare humanity of the medical workers.

Nurses were energized by the increase in caring nursing, which gradually formed and developed through continuous learning and training in the environment and through continuous education.⁴ The 22nd provision of the "Behavior norms of the medical worker," which was published in June 2012, states that we need to learn and master the medical humanistic knowledge, improve the humanistic quality caring about communication with honesty and patience with the patients.⁵ Previous studies worldwide^{6–9} have shown that our nurses have a lower ability to care compared to foreign nurses. Cancer patients require more care and treatment than other patients. Thus, the demands of nursing in our department were higher than in other departments.⁶ Our department is the first ward in China to implement a loving care school, which was established by the medical workers and volunteers for nearly

12 years and matured to become the humanistic caring platform. This research shows that the humanistic nursing care model in the CCWS has a positive effect on the caring ability of nurses. Among the nurses at the hospital, the courage dimension reached a high international level (greater than 74.0). In a previous investigation, Xu¹⁰ reported that people need to communicate to understand each other's care demands. When we were confused about the future, we need to have the courage to express our caring, and nurses can be trained to care more deeply for others through self-determination. The nurses obtained high scores in the courage dimension in our department because they always encounter children with malignant tumors, and they need the courage to express caring to understand the children's demands. They have built a good relationship with the children by holding the activities in a loving care school and can direct the volunteers to care for the children more appropriately. In addition, our department has also made great improvements by implementing the humanistic nursing care model, such as "characteristics of the humanistic ward." In addition, a nurse in our department was given a province-wide excellent nurse award, and another nurse was nominated as the local good nurse. Finally, we have written 9 articles on humanistic caring insights, 5 of which have been published, which represents 3.9% of our hospital's publication production.

Importantly, the study and practice of humanistic nursing care theory in China is still in its fledgling period. Compared with other countries, there are still some gaps in the cognitive dimension and patient dimension between Chinese nurses and foreign nurses, which is the direction toward which we will make greater efforts in the future.

Conflicts of interest

All contributing authors declare no conflicts of interest.

References

- Department of Medical Administration, Ministry of Health of the People's Republic of China. "High Quality Care Demonstration Project" Program of Activity; 2010. (2010-01-26) 2011-10-12. <http://hl.cha.org.cn/hl/HIGDContent.aspx?ContentId=7&ClassId=4&ChannelId=1>.
- Huang XZ, Liu YL, Yang C. *Care Nursing*. Beijing: People's Military Medical Press; 2009:9 (in Chinese).
- Liu YL. Thinking about the reinforcement of caring to the patients during the high quality nursing program. *J Nurs Sci*. 2012;27:1 (in Chinese).
- Sun Z, Chen H. The progress of the study of forming the ability of caring. *Chin J Nurs*. 2010;45:79–80 (in Chinese).
- Ministry of Health of the People's Republic of China. Guiding opinions concerning the implementation of the Ministry of health hospital nurse post management. (2012-05-04) 2012-08-31. <http://www.moh.gov.cn/publicfiles/business/htmlfiles/mohyzs/s3593/201205/54600.htm> (in Chinese).
- Xu J, Liu YL, Luo J. Investigation on status quo of caring capacity of nursing staff and influencing factors. *Chin Nurs Res*. 2009;23:3306–3308 (in Chinese).
- Liu Y, Jin XY, Wang J. Investigation of caring ability of clinical nurses. *J Nurs Admin*. 2012;12:724–726 (in Chinese).
- Xiao X. Clinical care ability of the nurses in the elderly ward. *Chin Nurs Manage*. 2009;9:35–37 (in Chinese).
- Chen H, Zheng MA, Lei WN. Research on caring ability of surgical nurses in a 2A-level hospital. *J Nurs Admin*. 2012;12:255–256 (in Chinese).
- Xu J, Liu YL. Investigation and analysis of nursing staff's caring ability. *J Nurs Sci*. 2008;23:16–18 (in Chinese).